MEDICARE CONFERENCE REPORT

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Georgia (Mr. GINGREY) is recognized during morning hour debates for 1 minute.

Mr. GINGREY. Mr. Speaker, I rise today in support of the Medicare conference report. This is a historic step in the right direction for our Nation's senior citizens. We are positioned to pass legislation to help seniors pay for the rising costs of prescription medications. Low-income seniors will be able to obtain the help they need and every senior will have the peace of mind of knowing that out-of-pocket catastrophic costs will not bankrupt them.

This legislation will provide the largest comprehensive rural package ever considered and updates and sets hospital payments at appropriate levels for 2005. The conference report also blocks a proposed 4.5 percent Medicare reimbursement cut to physicians for the years 2004 and 2005, and instead provides a 1.5 percent positive update for these 2 years.

The Medicare conference report has received the strong support of our health care community and the AARP, representing 35 million seniors.

Mr. Speaker, I urge my colleagues to vote in favor of our senior citizens and pass this bill.

MINORITY HEALTH CARE DISPARITIES

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from California (Mr. HONDA) is recognized during morning hour debates for 2½ minutes.

Mr. HONDA. Mr. Speaker, I rise today to discuss the current health disparities as they relate to minority health care. More importantly, I want to talk about the solution, the Health Care Equality and Accountability Act.

My district, alone, of Santa Clara County, California, is extremely diverse. Mr. Speaker, 30 percent of my community are Asian Americans and Pacific Islanders, 17 percent are Latinos, and 34 percent are foreign born, 43 percent speak a language other than English.

Despite the increasing diversity of our Nation, our health care system is not meeting the needs of our community, and our racial and ethnic minorities are too often denied the high-quality health care that most Americans receive.

According to the 2000 census data, the number of individuals who speak a language other than English at home has reached almost 45 million, and 19.5 million speak English less than very well, an increase of 40 percent from 1990.

There are two important things about our communities: number one, this bill and the solution codifies existing standards for culturally and linguistically appropriate health care, authorizes a new center in the Office of Minority Health to assist in cultural and language services, and increases Federal reimbursements for these services.

Another area is data collection. Data is a crosscutting issue. Lack of data impacts our understanding of the health problems in our communities as well as the problems in access and quality. Adequate data collection continues to be a challenge for APAs. Though often mistaken to be a homogenous group, the Asian Pacific group encompasses 49 ethnicities speaking over 100 languages.

Aggregating such a large and diverse group makes it difficult to understand the unique problems faced by the individual ethnicity it encompasses.

So what do we need to do? We need to be able to provide health insurance coverage; increase workforce diversity; reduce disease complications; provide cultural and linguistic services; attain quality data; strengthen health institutions to all minorities, Asian and Pacific Islanders, African Americans, Hispanics, Native Americans, Alaskan Natives and Native Hawaiians.

Mr. Speaker, in solidarity with the Democratic leadership and minority caucuses, we call on our colleagues and the Chief Executive in the White House to help enact the solution for minority populations across this great Nation, the Health Care Equality and Accountability Act.

SUPPORT FOR THE ENERGY POLICY ACT OF 2003

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Pennsylvania (Mr. SHUSTER) is recognized during morning hour debates for 1 minute.

Mr. SHUSTER. Mr. Speaker, I rise in support of the Energy Policy Act of 2003. In recent years, U.S. policy, or lack of it, has encouraged consumption and discouraged production. In response, Congress and the President have developed a national energy policy to promote dependable, affordable and environmentally sound production and distribution of energy for the future.

Most importantly, this bill will prevent the loss of jobs due to high energy prices and help create new ones. I am pleased with the provisions in this bill that affect rural America. Rural America has assisted the United States in its times of crisis and also in times of innovation. Our rural electric co-ops have been a huge part of that innovation.

I am pleased that this bill protects our rural cooperatives from unnecessary Federal costs and obligations and recognizes the unique role they play in our Nation's electric system.

Mr. Speaker, I am also pleased that there are significant provisions to promote the use of coal.

Both Houses of Congress have worked tirelessly toward a comprehensive national energy policy that promotes conservation, reduces our growing dependence on foreign oil, and improves our economy. It is time we passed this legislation for the good of this Nation.

ELIMINATION OF DISPARITIES IN HEALTH CARE FOR MINORITIES LONG OVERDUE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentlewoman from California (Ms. WATSON) is recognized during morning hour debates for 2½ minutes.

Ms. WATSON. Mr. Speaker, as former chair of the California Senate Health Committee for 17 years, let me say how pleased I am with the comprehensive legislation that the Health Care Equality and Accountability Act of 2003 contains. The elimination of racial and ethnic disparities is an issue whose time is long overdue, and I commend the CBC Brain Trust, the Tri-Caucus, the Democratic leadership, the Senate Health Committee, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), Senator TED KENNEDY, and everyone else who remained vigilant in completing this project.

As Americans, we take pride in our diversity, and it is our greatest achievement that based upon that diversity, whether it is economic, political, or cultural diversity, we have built a Nation that is dedicated to providing equal opportunity for all. But, Mr. Speaker, much needs to be done before we can say that we have accomplished that goal, most notably in the field of health care.

Racial and ethnic minorities too often are denied the high quality health care that most Americans receive. The Federal Government has recognized this serious problem and has set the goal of eliminating health disparities by the end of the decade. House and Senate Democrats have introduced legislation, the Health Care Equality and Accountability Act of 2003, that takes an important step towards making this national goal a reality.

We may have the finest health care system in the world, but too many of our people receive too little health care and are denied the right to lead full lives.

The reality is that the health care needs of minority Americans are often greater than those of white Americans. Minority populations disproportionately suffer from many diseases. Minority groups have higher rates of acute conditions such as tuberculosis, HIV/AIDS, chronic diseases, diabetes, heart disease and stroke, and many forms of cancer. In addition, minority women are at greater risk than white women for pregnancy-related complications, and their babies are at higher risk of dying during their first year of life.

Despite a substantial need for health care, minority groups often encounter

obstacles in obtaining health care. Minority groups are less likely to have health insurance and are less likely to receive appropriate health care services.

Mr. Speaker, I ask all of my colleagues to support our Health Care Equality and Accountability Act of 2003 so we can improve the health of all Americans.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today to address the need for racial equity in health care in our great Nation.

As a former nurse, I have spent much of my public career working to ensure that the nation's health care system is affordable and provides the best services possible to all Americans.

Disparities in the burden of death and illness experienced by African-Americans, as compared with the U.S. population as a whole, have existed since the government began tracking such statistics. These disparities persist, and in some areas continue to grow.

Cardiovascular disease is the leading cause of death for all racial and ethnic groups, with a disproportionate burden of death and disability from cardiovascular disease in minority and low-income populations.

The prevalence of diabetes in African Americans is approximately 70 percent higher than whites. Racial and ethnic minorities have higher rates of hypertension, tend to develop hypertension at an earlier age, and are less likely to undergo treatment to control their blood pressure.

Many minority groups suffer disproportionately from cancer and disparities exist in both mortality and incidence rates.

For men and women combined, African-Americans have a cancer death rate about 35 percent higher than that for whites. African-American women develop breast cancer less often than do white women, but have a higher mortality rate (27 per 100,000), due most likely to later diagnosis and late entry into treatment. African-American and Hispanic women have higher cervical cancer death rates.

The incidence rate for lung cancer in African-American men is about 50 percent higher than in white men and the death rate is about 27 percent higher.

The prostate cancer mortality rate for African-American men is more than twice that of white men.

African-American women are less likely to receive care, and when they do receive it, are more likely to have received it late. For example, one out of four African-American mothers did not receive prenatal care during the first trimester during 1999. Other risk factors, such as obesity, contributes to heart disease, diabetes, and stroke. Approximately 69 percent of African-American women between the ages of 20 and 74 were overweight during the period 1988 through 1994.

The prevalence of obesity in minority populations can be as much as three times higher than that of whites, and is higher among women than men. African Americans and Hispanics have a particularly high prevalence rate of obesity as do Pacific Islanders, Native Americans, Alaska Natives, and Native Hawaiians.

More than 75 percent of AIDS cases reported among women and children occur in minority women and children. While racial and ethnic groups account only for about 25 percent of the total United States population, they account for more than 50 percent of all AIDS cases.

Children from minority communities are disproportionately represented among those with incomplete immunizations. In addition, infant death rates among minority populations are above the national average, with the greatest disparity existing among African Americans. Minority populations are at the greatest risk for SIDS.

The rates for the uninsured minority are quite frightening. Blacks and Latinos are far more likely to be uninsured when compared to their Anglo or white counterparts.

Nationally, 11.6 percent of the Anglo population, 20.1 percent of the African American population and 34.8 percent of the Hispanic population are without health insurance. In Texas, while 12 percent of whites are uninsured, 21.2 percent of African Americans and 36.7 percent of Hispanics do not have medical coverage.

That is why I am an original cosponsor of The Healthcare Equality and Accountability Act of 2003. The Healthcare Equality and Accountability Act of 2003 would reduce health disparities and improve the quality of care for racial and ethnic minorities by:

First, expanding health coverage. To reduce the number of minorities without health insurance, the bill would give states the option to expand eligibility and streamline enrollment in Medicaid and the State Children's Health Insurance Program.

This bill also removes language and cultural barriers to good health care that plague many of our minority communities.

Because language and cultural differences create barriers to health care, the bill would help patients from diverse backgrounds, including those with limited English proficiency, with provisions such as codifying existing standards for culturally and linguistically appropriate health care, assisting health care professionals provide cultural and language services, and increasing federal reimbursement for these services.

Instruments in this bill have been put in place to encourage workforce diversity. Increasing the number of minority health care providers will improve access to care because these providers are more likely to serve low-income, uninsured, and minority patients.

Date collection would be improved to better identify sources of health disparities, implement effective solutions, and monitor improvement.

Under this bill, the Office of Civil Rights and the Office of Minority Health and the Department of Health at Human Services (DHHS) would be expanded to promoting accountability and reduce health disparities.

And finally, this bill strengthens health institutions that serve minority populations. By establishing loan and grant programs, health institutions that provide substantial care to minority populations will receive necessary funding to carry our their mandates.

Protecting the health care of citizens, no matter their ethnicity or race, should be the number one priority of any great nation. An investment in our health care system is one of the wisest investments we can make for the future of this country.

Now is the time for all Americans to have equal access to quality health care and meaningful patient protections. That is why I urge my colleagues to support this legislation. Our citizens deserve and expect nothing less.

Ms. LEE. Mr. Speaker, I am proud to stand here with the membership of the Congressional Black Caucus, the Hispanic Caucus, the Asian-Pacific American Caucus, and the caucus for all Americans, the Democratic Caucus, in support of inclusive, quality, affordable health care for all Americans. I want to thank the gentlelady from California for her consistent leadership on these many issues important to those with no voice.

Democrats are committed to the elimination of racial and ethnic disparities in health care access, health care quality, health outcomes and the diversity of the health care workforce because all Americans deserve equal treatment and care.

A proper investment in health care will improve both the health and economic well-being of all our country and that's why we came together and drafted the Healthcare Equality and Accountability Act of 2003, which our caucuses introduced on November 6, 2003.

Our goal is the complete elimination of racial and ethnic health disparities and I believe this bill provides a major first step toward that goal.

The goal of equity in health care must be met, particularly in a country that boasts about upholding and spreading democracy and human rights.

It is criminal that in the United States the color of your skin and the languages that you speak can make you more likely to die of HIV/AIDS, heart disease or diabetes, as a result of our negligent and culturally insensitive health care system.

We came together because we saw a need to offer solutions for the inclusion and the prioritizing of minorities in the health care system which today remains sorely inadequate.

In this bill, we have diagnosed the major health care shortfalls and provided sound and culturally-conscious solutions.

1. We ask for an expansion of the health care safety net, which will increase the availability, quality, and affordability of health coverage options that provide meaningful access to health services.

2. We ask for much needed diversification of the health care workforce, which will reflect the communities that have been neglected while incorporating a personal understanding of the backgrounds, experiences, languages, and perspectives of the minority people.

3. We ask that health care be declared not only a human right, but a basic civil right, and that every part of the 1964 Civil Rights Act is honored.

4. We ask for aggressive collection and dissemination of data on minorities to become a priority for the health care community.

The collection of this data keeps us on the pulse of our communities. We cannot help the minority community if we are blinded by Prop. 54's and other antiquated rules and regulations that negate the advances health care professionals have attempted.

5. We ask for a complete assault on HIV/AIDS and other diseases that are disproportionately killing the minority community.

Undiagnosed and uncared for, over 43 million Americans are uninsured—half of whom are minorities.

Further, those who have access to care are still dying of diseases that go undetected and

undiagnosed because the quality of their care is sub par.

We cannot stand by while the pharmaceutical and private insurance industries profit off of our communities.

We cannot stand by while rates of prostate and breast cancer, diabetes, and high blood pressure disproportionately take the lives of people of color around this country.

We cannot stand by while this Republican led Congress privatizes Medicare and cushions the pockets of their industry donors with the prescription drug bill, H.R. 1.

And finally, we cannot allow the Congress to pass any more health related legislation that doesn't have at heart the interests of the African American, Latino, Native American, or our Asian and Pacific Islander communities.

We will win the battle against ethnic and racial health disparities, because we are united.

I thank the leadership of all the caucuses who worked so diligently on this bill and I thank the Congressional Hispanic Caucus for designating this hour to talk about this progressive and comprehensive bill.

SUPPORT A BIPARTISAN MEDICARE PRESCRIPTION DRUG PLAN

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentlewoman from West Virginia (Mrs. CAPITO) is recognized during morning hour debates for 1 minute.

Mrs. CAPITO. Mr. Speaker, I rise today to encourage my colleagues on both sides of the aisle to come together in support of the bipartisan Medicare prescription drug plan. The AARP, the American Association of Retired Persons, the largest senior organization in the Nation, has endorsed the plan which will bring relief to 40 million seniors.

Immediately, right away, seniors will be able to save up to 25 percent through a prescription discount card. This is a savings never seen before by America's seniors.

The plan goes a long way in assisting seniors with low incomes and those who pay a large amount of money for their prescription drugs.

Mr. Speaker, this bill has the support of Members of both parties. It has the support of the leading advocate for seniors in the Nation, and will have my support when it passes this body. I urge my colleagues to join me so that we can give our seniors the modern Medicare benefit they deserve.

GOLDEN HARVEST FOOD BANK OF AUGUSTA, GEORGIA

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Georgia (Mr. BURNS) is recognized during morning hour debates for 1 minute.

Mr. BURNS. Mr. Speaker, we are quickly approaching a season known for giving thanks and goodwill. Next week is Thanksgiving. Far too often, we fail to recognize those who work year-round to improve the lives of the less fortunate.

This Friday, the Golden Harvest Food Bank in Augusta, Georgia, will celebrate the successful conclusion of its $2 million ''Feed the People'' capital campaign. Through business and community generosity, Golden Harvest Food Bank will be able to reach nearly 71,000 families every year in its 25-county service area in both Georgia and South Carolina.

In this Nation of abundance, some still go without the basics that others of us take for granted. I am thankful that we have individuals who give time, service, and donations to see that these basic needs are met.

Mr. Speaker, in this time of giving thanks, let us remember those who worked tirelessly throughout the year to help the less fortunate.

CONSIDERING THE WORDS OF EDMUND BURKE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Tennessee (Mr. DUNCAN) is recognized during morning hour debates for 1 minute.

Mr. DUNCAN. Mr. Speaker, the current issue of the American Conservative Magazine has an article by Owen Harries that says, quote: ''In the 1770s, when Britain had recently added North America and India to its Empire, when its economy was the strongest in the world, when it ruled the seas, it occupied a position not too different from the one occupied by the United States today.''

Then the great statesman, Edmund Burke, godfather of conservatism, issued this warning: ''Among precautions against ambition, it may not be amiss to take precautions against our own. I must fairly say, I dread our own power and our own ambition. I dread our being too much dreaded. We must say that we shall not abuse this astonishing and hitherto unheard of power.'' Edmund Burke continued, ''But every other nation will think we shall abuse it. It is impossible but that sooner or later this state of things must produce a combination against us which may end in our ruin.''

Mr. Speaker, we should consider these words of Edmund Burke today.

REPUBLICANS' MEDICARE PRESCRIPTION DRUG ''HOAX''

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentlewoman from California (Ms. PELOSI) is recognized during morning hour debates.

Ms. PELOSI. Mr. Speaker, this should be a historic week in the life of our Nation. Instead, it is a tragic week. We should be celebrating Congress' keeping its promise to seniors and disabled Americans to provide a real guaranteed defined prescription drug benefit under Medicare. Instead, we are witnessing another Republican empty promise. Nothing short of a historic hoax on 40 million seniors and disabled Americans.

Mr. Speaker, America's seniors and disabled citizens have looked to Congress for help. Instead, Republicans have perpetrated, as I said, this cruel hoax on seniors, proposing an Alice in Wonderland bill in which logic is turned on its head and everything means the opposite.

A real, guaranteed, defined prescription drug benefit under Medicare could have been the product of bipartisan debate and discussion. Instead, this Republican hoax is a partisan scheme rammed through the Congress and negotiated in back rooms.

Republicans locked House Democrats out of negotiations, or better yet their ''deal-making,'' and in so doing they locked out the 130 million Americans we represent. Seniors, veterans, disabled Americans, rural Americans, African Americans, Hispanic Americans, America's seniors deserve better.

A real guaranteed prescription drug benefit under Medicare would put seniors and the disabled first. Instead, this Republican hoax subverts the public interest for the special interests, putting seniors at the mercy of the HMOs, creating a giant slush fund for HMOs, and creating windfall profits for the big pharmaceutical companies.

Mr. Speaker, America's seniors deserve better. A real guaranteed defined prescription drug benefit under Medicare would reduce costs to seniors and taxpayers. Instead, this Republican hoax increases drug costs, actually prohibiting the government from negotiating lower costs. Imagine that, this bill prohibits the government from negotiating for lower costs.

Republicans have instituted means testing for the first time, forcing millions of seniors to pay more for benefits they already have. Make no mistake, under this scheme, millions of Medicare beneficiaries will pay more, not less.

America's seniors deserve better.

Mr. Speaker, a real guaranteed benefit under Medicare would include all seniors and disabled Americans. Instead, this Republican hoax leaves most seniors and disabled worse off than before. According to the Congressional Budget Office, millions of retirees who get their benefits from their employers will lose their coverage. Let me repeat that. According to the Congressional Budget Office, millions of retirees who get their benefits from their employers will lose their benefits.

Nearly half of all Medicare beneficiaries, almost 20 million seniors and disabled Americans, will fall into the coverage gap, meaning they will pay premiums every month but receive no benefits in the final months of every year, a monthly premium without monthly benefits.

America's seniors deserve better.

Finally, a real guaranteed prescription drug benefit under Medicare would be just that under Medicare, which seniors have known and trusted for 40 years. Instead, this Republican hoax tries to dismantle and unravel Medicare with a voucher program that